



TINGIM LAIP SOCIAL MAPPING

HIV RISK & IMPACT FOR BUAI TRADERS

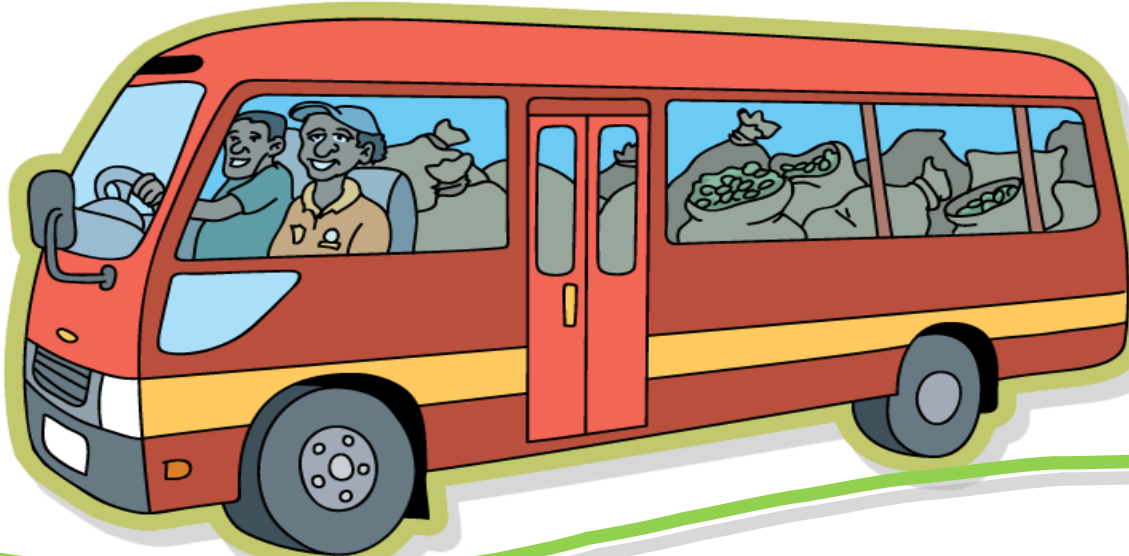
THE SOCIAL MAPPING

The Tingim Laip Social Mapping exercise was conducted between November 2011 and March 2012, to explore patterns of increased HIV risk and impact that exist along particular corridors and in particular settings across Papua New Guinea.

The field work was carried out by two teams and consisted of intensive observation and data collection within targeted sites, followed by field team meetings to talk through findings, in a continuous process of information validation, shared discussion and analysis.

The four corridors and settings of increased HIV risk and impact that were explored during this Social Mapping exercise were the Highlands Highway, Towns Affected by the LNG Project, Oil Palm Plantations and Military Sites. Within these corridors and settings, the field teams observed and collected data from sites including towns, enclaves, plantations, military sites, villages, settlements and other places (such as marketplaces).

A more detailed methodology, along with observation and interview findings from this exercise, presented under dominant themes and for specific populations, are available in the Tingim Laip Social Mapping Report (Tingim Laip, 2014). It is important to note that the findings presented are only representative of the views and experiences of the people we observed and engaged with. This Social Mapping exercise does not claim to communicate the stories of all people, or even populations at risk, within the locations and spaces visited.



BUAI TRADERS

Buai (betel nut) traders travel extensively along roads and by boats along coastal routes across Papua New Guinea and throughout the year, as there is different buai seasons in different regions. They are one of the mobile populations that are detailed in the findings of the Tingim Laip Social Mapping Report, especially within the Highlands Highway Report.

Buai traders spent significant time on the move, away from family, and often carry large sums of money. The findings of the Social Mapping found that this places the traders at higher risk of, and impact from, HIV. Once Buai Traders leave their local place, the rules change in relation to sex and relationships. Buai trading women seek to form relationships or have liaisons with the men they travel with on PMVs, whilst the men seek out sex workers at stop-points along their trade route, who travel, drink and have sex with them.

Buai Traders reported low levels of condom use and were found to be often disconnected from health services, due to their constant mobility and lifestyles.

ROUTES OF BUAI TRADERS

Buai traders travel along the Highlands Highway in a seemingly continuous stream of purpose-hired PMVs. They depart from a number of bus stops and towns along the corridor. Some travel to Madang and further on to Bogia, then inland to villages along the Ramu River. Others continue to Wewak and then head down the Misinga River, for access to the cheaper buai available from the local Misinga people. Another route, common during peak buai season in Oro province, is through Lae and onward by banana boat to Popondetta.

Buai traders travel in PMV convoys to avoid breakdowns, for protection if stranded and to deter armed hold ups by raskol gangs. Despite this, there were many stories during the Social Mapping, about the last vehicle in a convoy being held up by gangs, who steal buai and cash at gunpoint then force the travellers to strip down to their underwear.

There are popular stop points along the Highway for beer, food, sex and gambling. PMV convoys form at these stops in the early evenings with travellers engaging in sex with each other, drinking beer and gambling before departure. There were a few women who claimed to carry condoms, however, reported levels of condom use among buai traders were low.

Male buai traders also engage with the female sex trade that operates along the Highway and some spoke of picking up a woman at a location (such as Yang Creek) who then accompanies them until their destination, where they are paid and make their own way home.

Health staff identified buai traders as being at particular risk and impact for HIV along the Highlands Highway, and the buai traders presented as disconnected from health services, mainly due to their mobility.

The Madang-Lae to Highlands Buai Route

Some buai traders exchange fresh produce for buai, others trade marijuana from the Highlands and others have established supply lines for cash. One story told, during the Social Mapping, of a one hundred kilogram rice bag of marijuana trading for three or four bags of buai.

Madang and nearby provinces produce high quality buai that is a valued commodity for Highlanders due to the poor growth of betel nut at altitude. A common story from Highlander buai traders detailed travel to Madang, purchase of buai at sixty to eighty kina per bag and then a return up the Highway to sell at inflated prices. Time spent in Madang is minimal, with travellers loading up PMVs and directly departing for Goroka, Mt Hagen, Mendi or Tari.

The trader commences sales at local markets immediately on return to the Highlands, with full sales reported to take between one and four days, depending on competition. Once sold out, this gruelling journey is repeated. A buai trader can make as much as four hundred and fifty kina per bag of buai (if supply is short) or as little as two hundred kina per bag if the market is busy and supply is plentiful.



The Tapo and Misinga Rivers to Highlands Buai Route

Another group of buai traders takes a four-day return journey between Mt Hagen and the Misinga River. The journey involves PMV travel from the Highlands, through the Markham Valley with a first overnight stop (arriving after midnight) at the Tapo River just outside Madang Town. The night market at Tapo sells food, buai and beer but there is no electricity. A small house, built of bush materials, provides a male and female dormitory bed for two kina per person. Unlike other stop points on the journey, Tapo locals strictly forbid and enforce a no sex work rule. Local girls are restricted from mixing with outsiders and so male buai traders reportedly pick up women earlier along the Highway to accompany this stop. Many of the buai traders described being drunk by this point of their journey, and they continue to drink around campfires before achieving a few hours of sleep.

The following day of travel takes them through Madang town and up the coast towards Bogia, then inland to a base camp on the Ramu River. Here they meet with locals from inland villages such as Misinga, or the traders themselves travel up the tributaries to purchase buai. Some traders continue to Wewak for their buai purchase. Buai traders can load up to seventy bags of buai into a rented PMV. Once home, each bag will bring in around one hundred and fifty kina profit for the buai trader. Minus the K2,400 costs associated with travel, the traders can make more than eight thousand kina in clear profit each journey.

Buai Routes in Milne Bay and Oro Provinces

There is vibrant buai trading in Milne Bay and Oro provinces. The fresh grown produce that is transported overland from Madang and Wewak to Lae is then shipped by banana boat to Popondetta markets for wholesale distribution. There is also a network of buai traders from Morobe and the Highlands who trade directly with local communities in Oro.

The sea journey is dangerous and death by drowning was described as common. A banana boat will carry up to sixty large bags of buai and travel from Lae to Kikiri, unload, then continue the journey overland to the markets of Popondetta.

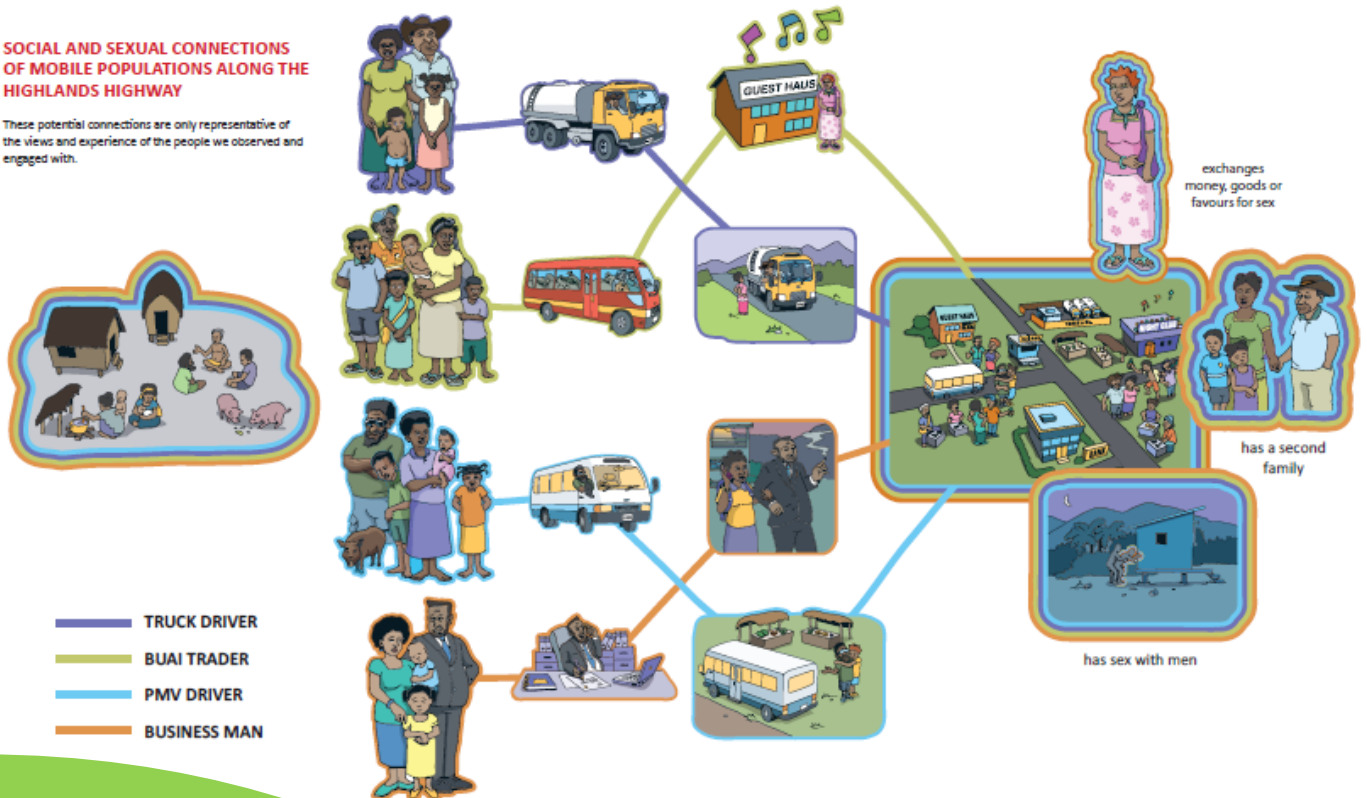
Oro also cultivates its own buai but it is not considered as 'sweet' as that grown in Wewak and Madang. When local buai is purchased, there is travel up the Kokoda Highway to trade with local growers then return to Popondetta and Kikiri by land, before heading by sea to Lae and by land back home.

"Most buai buyers have sex along the Highway. They pick up a woman or girl and travel together to Madang and drop her off on their return. Women are not faithful to our husbands. We have sex to earn our living. We cannot live without something back to earn a good living"

Female Buai Seller

SOCIAL AND SEXUAL CONNECTIONS OF MOBILE POPULATIONS ALONG THE HIGHLANDS HIGHWAY

These potential connections are only representative of the views and experience of the people we observed and engaged with.



Buai traders are a mobile population that present with a level of risk for, and impact from, HIV due to the described levels of sex with each other, poor reported condom use, lack of health service access and engagement of sex workers at stop points.





THE TINGIM LAIP PROJECT



Tingim Laip is Papua New Guinea's largest targeted peer-led HIV prevention and care project, operating in 20 locations over 10 provinces. It is a project of the National AIDS Council, administered by DFAT for the Australian Government and managed in this, its second phase, by Cardno Emerging Markets.

PNG is experiencing a concentrated HIV epidemic with prevalence estimated to be greater than five per cent amongst key populations including women exchanging sex, men who have sex with men and mobile men with money. In response to this, Tingim Laip has sharpened its focus and restructured its workforce to ensure greater participation of key populations, prioritised peer-led interventions, strengthened activities across the STEPs model, tested alcohol harm reduction approaches in select locations and strengthened linkages with partner organisations.

The objective of Tingim Laip is to ensure that key populations in selected locations will engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access treatment if living with HIV.

To achieve this Tingim Laip is increasing focus on selected locations where there is a higher convergence of HIV risks. The project continues to work towards friendly STI, VCT and HIV clinical services being accessible, available and used regularly by people from key populations. This is supported by innovative work on addressing drivers of HIV risk.